

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2014 OF THE CONDITION AND AFFAIRS OF THE

		WellCare Health	Insurance	Company	of Kentu	ıcky, Inc.		
NAIC Group Code	01199 (Current Period)	, <u>01199</u> (Prior Period)	NAIC Compar			Employer's I	D Number	36-6069295
Organized under the La	,	(Filor Fellod) Kentucky		State of	Domicile o	or Port of Entry	ı	Kentucky
Country of Domicile				, oldle of United S		or or or Emily		
Licensed as business ty	/pe: Life Acci	dent & Health [X]	Property/C	asualty []		Hospital Medical	& Dental Serv	vice or Indemnity []
·	·	ervice Corporation []	. ,	,		Health Maintenand		,
	Other []	arrios corporation []		Federally Qua			oo organizati	S., []
		00/07/4000		-		[][]	00/01/10	
Incorporated/Organized	a	03/27/1962	(Commenced I	Business		08/31/196	52
Statutory Home Office		13551 Triton Park Bl		,			e, KY, US 40	
		(Street and Nu	mber)				tate, Country and	Zip Code)
Main Administrative Off	ice				enderson R t and Number			
(City	Tampa, FL, U					813-290-62 (Area Code) (Telephon		
Mail Address	or rown, State, Cou					. , , .	ŕ	
	(Si	P.O. Box 31391 reet and Number or P.O. Box)				Tampa, FL, US (City or Town, State, C		
Primary Location of Boo	oks and Record	s			8735 Her	nderson Road		
	Tampa, FL, U	S 33634			(Street	and Number) 813-290-62	00	
(City	or Town, State, Cou				(Area	Code) (Telephone Nun		
Internet Web Site Addre	ess			www.wel	lcare.com			
Statutory Statement Co	ntact	Mike Was	ik	,			206-2725	
m	ichael.wasik@v					(Area Code) (Teleph 813-675-28	99	ttension)
	(E-Mail Add	ress)				(Fax Number)	
			OFFIC	CERS				
Name		Title	0		Name			Title
Kenneth Alan Bur	rdick #,	President	<u>:</u>	Andr	ew Lynn A	sher #, _		and Treasurer asurer and Chief
Blair Williams To	odt #,	Secretary and Senior V	/ice President	Maurio	e Sebastia	ın Hebert, _		unting Officer
			OTHER O	FFICERS	3			
Kelly Ann Mun	nson,	Region Presid	dent			,		
	,					,		
		DIRE	CTORS O	R TRUS	TEES			
Andrew Lynn As	her #	Maurice Sebastia	n Hebert	Blai	r Williams	Γodt #	Kenneth	Alan Burdick #
Obstant	Et al.							
State of		ss						
County of	· ·							
The officers of this reporting above, all of the herein de-								
that this statement, togeth	er with related e	xhibits, schedules and exp	lanations therein	contained, ann	exed or refe	erred to, is a full and	d true stateme	nt of all the assets and
liabilities and of the conditi and have been completed	in accordance wit	h the NAIC Annual Stateme	ent Instructions an	nd Accounting P	Practices and	Procedures manua	l except to the	extent that: (1) state law
may differ; or, (2) that state knowledge and belief, resp								
when required, that is an	exact copy (exce	ot for formatting differences						
regulators in lieu of or in ac	adition to the enci-	osed statement.						
Kenneth	Alan Burdick		Andrew L	ynn Asher		Ma	urice Sebast	an Hebert
	resident			Treasurer				Accounting Officer
						nis an original filin	g?	Yes [X] No []
Subscribed and sworn	n to before me t y of	nis			b. If no	o: tate the amendme	ent number	
ua		,				ate filed	out namber	
					3. N	umber of pages a	ttached	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	156,907					156,907
Group subscribers:						
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						······
			<u> </u>			
			1			
			1			
0299997 Group subscriber subtotal	0	0	<u> </u> 0	0	0	<u> </u> 0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	L0	0	0	ļ0	0	ļ0
0399999 Premiums due and unpaid from Medicare entities	110,775	429,616	188,527	1,328,201		2,057,119
0499999 Premiums due and unpaid from Medicaid entities	5,731,002	4,045,686	4,638,191	35,399,042		49,813,921
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	5,998,684	4,475,302	4,826,718	36,727,243	0	52,027,947

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7					
Name of Debtor	1 - 30 Davs	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables 0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	16,191,667	14,292,478		1,449,276	1,449,276	30,484,145					
0199999 - Pharmaceutical Rehate Receivables	16,191,667	14,292,478	0		1,449,276	30,484,145					
029998 - Aggregate of amounts not individually listed above	10,101,001	11,202, 110		4,783,149	4,783,149	00,101,110					
0200000 - Claim Overnament Receivables	0	0	0	4,783,149	4,783,149						
vzsssss vranii overpaylient recenvantes	·	-	Ů	4,700,140	4,700,140						
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0799999 Gross Health Care Receivables	16,191,667	14,292,478	0	6,232,425	6,232,425	30,484,145					

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t	eivables Collected		eivables Accrued	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2	3 On Amounts Accrued	On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	14,371,373	21,421,076	22,140	31,911,280	14,393,513	14,049,886
Claim overpayment receivables				4,783,149	0	
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	14,371,373	21,421,076	22,140	36,694,429	14,393,513	14,049,886

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid Claims								
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total			
Claims Unpaid (Reported)	1 30 Bays	01 00 Days	01 30 Buys	31 120 Duy3	Over 120 Days				
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0199999 Individually listed claims unpaid	0	0	0	0	0				
0299999 Aggregate accounts not individually listed-uncovered									
0399999 Aggregate accounts not individually listed-covered	21,818,943	6,546,960	5,109,809	4,392,129	32,962,596	70,830,43			
0499999 Subtotals	21,818,943	6,546,960	5,109,809	4,392,129	32,962,596	70,830,43			
0599999 Unreported claims and other claim reserves						216,406,47			
0699999 Total amounts withheld 0799999 Total claims unpaid						287,236,90			
0899999 Accrued medical incentive pool and bonus amounts						201,230,90			
1000000 Accided inedical incentive pool and pondo alliquints						4			

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Comprehensive Health Management, Inc.	8,809,733	-			8,809,733		
							
				 	 	 	
							
040000 Laft 24 all Petada a callada	8,809,733		ļ	ł	8,809,733	ļ	
0199999 Individually listed receivables	2,175		υ	J	2,175	J	۱
UZ99999 Receivables not individually listed		0					
0399999 Total gross amounts receivable	8,811,908	0	0	0	8,811,908	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
WellCare Prescription Insurance, Inc.	Affliate Joint Venture	10,009,875	10 , 009 , 875	
		 		• • • • • • • • • • • • • • • • • • • •
0199999 Individually listed payables		10,009,875	10,009,875	0
0199999 Individually listed payables		10,009,875 24,530	24,530	
0399999 Total gross payables		10,034,405	10,034,405	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	187,061,858	9.7	530,406	100.0		187,061,858
Intermediaries		0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments		9.7	530,406	100.0	0	187,061,858
Other Payments:						
5. Fee-for-service	0	0.0	xxx	XXX		
Contractual fee payments		90.3	xxx	XXX	,	1,744,380,217
Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		0.0	xxx	XXX		
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments	0	0.0	Lxxx	XXX		
12. Total other payments	1,744,380,217	90.3	xxx	XXX	0	1,744,380,217
13. Total (Line 4 plus Line 12)	1,931,442,075	100 %	XXX	XXX	0	1,931,442,075

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1 - PART 2 - SUMMART OF TRANSACTIONS	<u> </u>	MILDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	 					
3. Pharmaceuticals and surgical supplies						
Durable medical equipment					<u> </u>	
5. Other property and equipment						
6. Total	0	0	0	0	0	0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. _

IAIC Crown Code 04400 DUCINITION IN THE OTATE OF	Alahama			DUDING THE VEAR	2014			(LOCATION)		64467
AIC Group Code 01199 BUSINESS IN THE STATE OF	Alabama	Compre	hensive	DURING THE YEAR	Z ZU14			NA T	IC Company Code	64467
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,011									13,01
2 First Quarter	19,027									19,02
3 Second Quarter	20,061									20,06
4. Third Quarter	21,275									21,27
5. Current Year	22,025									22,02
6 Current Year Member Months	243,177									243,17
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	17 ,470 ,245									17 , 470 , 24
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	17 , 470 , 245									17 , 470 , 24
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	16,649,877									16,649,87
18. Amount Incurred for Provision of Health Care Services	14,947,920									14,947,92

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......17,470,245



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE (OF Alaska			DURING THE YEAR	2014		1	NA NA	IC Company Code	64467
	1	Compre (Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										İ
1. Prior Year	0									
2 First Quarter	0									<u> </u>
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										İ
7. Physician	0									ļ
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									ļ
13. Life Premiums Direct	0			ļ						j
14. Property/Casualty Premiums Written	0			ļ						<u> </u>
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									İ

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF A	Arizona			DURING THE YEAR	2014	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									ļ
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	ļ0 ļ.									
15. Health Premiums Earned	ļ0 ļ.									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

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AIC Group Code 01199 BUSINESS IN THE STATE OF	Arkansas	0	hanalina	DURING THE YEAR	R 2014			NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,914									16,9 [.]
2 First Quarter	25,610									25 , 6
3 Second Quarter	26,303									26,30
4. Third Quarter	27 , 131									27 , 13
5. Current Year	27,632									27,63
6 Current Year Member Months	317,111									317,11
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	19,599,565									19,599,56
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	19,599,565									19 , 599 , 56
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	18,205,347									18 , 205 , 34
18. Amount Incurred for Provision of Health Care Services	16,344,389									16,344,38

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF C	alifornia			DURING THE YEAR	2014		T.	NA NA	AIC Company Code	64467
	1	Comprehensive (Hospital & Medical) 4 5 6			6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellC

WellCare Health Insurance Company of Kentucky, Inc.

2. _

VAIC Group Code 01199 BUSINESS IN THE STATE OF	Colorado			DURING THE YEAR	R 2014			(LOCATION)	AIC Company Code	64467
THE GIVE OF	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,845									7 ,84
2 First Quarter	12,074									12,07
3 Second Quarter	13,391									13,39
4. Third Quarter	14,454									14,45
5. Current Year	14,701									14,70
6 Current Year Member Months	160,584									160,58
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	C	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,281,658									12,281,65
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	12,281,658									12,281,65
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,317,004									12,317,00
18. Amount Incurred for Provision of Health Care Services	11,057,955									11,057,95

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0_____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,281,658



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. _

IAIO O OI 04400 PLICINEGO IN THE OTATE OF	Commentions			DUDINO THE VEAS	0.0044			(LOCATION)		04407
AIC Group Code 01199 BUSINESS IN THE STATE OF	Connecticut	Compre	hansiya	DURING THE YEAR	(2014 			NA	IC Company Code	64467 I
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,819									13,81
2 First Quarter	15,428									15,42
3 Second Quarter	15,716									15,71
4. Third Quarter	15,997									15,99
5. Current Year	16,116									16,11
6 Current Year Member Months	188,825									188,82
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	14,449,517									14,449,51
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	14 , 449 , 517									14 , 449 , 5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	13,813,274									13,813,27
18. Amount Incurred for Provision of Health Care Services	12,401,276									12,401,27

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......14,449,517



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF D	Delaware			DURING THE YEAR	2014	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF Dist	rict of Columbia			DURING THE YEAR	2014			NA NA	IC Company Code	64467
	1	Compre (Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned.	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF G	eorgia			DURING THE YEAR	2014	1	T.	NA NA	IC Company Code	64467
	1	Compre (Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									ļ
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

				DURING THE YEAR				(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Hawaii			. NA	64467					
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter	0									
3 Second Quarter										
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ					ļ	
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

				DURING THE YEAR				(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Idaho	T		N/	64467					
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

				DURING THE YEAR				(LOCATION)		64467
IAIC Group Code 01199 BUSINESS IN THE STATE OF Illin	nois			NA.	NAIC Company Code					
	1	Compre (Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Indiana			DURING THE YEAR	2014	T	T	NA.	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct										ļ
14. Property/Casualty Premiums Written										ļ
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF IO	wa			DURING THE YEAR	IRING THE YEAR 2014			NA	IC Company Code	de 64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

								(LOCATION)		
IC Group Code 01199 BUSINESS IN THE STATE OF	Kansas	T		DURING THE YEAR	2014	T		NA	AIC Company Code	64467
	1	Comprehensive (Hospital & Medical) 4 5 6				7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0							-		
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. _

ALC Create Code 04400 DUCINECC IN THE CTATE	OF Kaataalaa			DUDING THE VEAD	2044			(LOCATION)	10.0	04407
AIC Group Code 01199 BUSINESS IN THE STATE	OF Kentucky	Compreh	nensive	DURING THE YEAR				IC Company Code	64467	
		(Hospital &	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	294,858	31,753						2,751	260,354	
2 First Quarter	375,845	30,701						3,733	341,411	
3 Second Quarter	396,032	21,458						4,319	370,255	
4. Third Quarter	412,930	12,405						4,725	395,800	
5. Current Year	425,376	7,335						5,209	412,832	
6 Current Year Member Months	4,731,385	241,097						52,181	4,438,107	
otal Member Ambulatory Encounters for Year:										
7. Physician	2,694,267	31,793						52,754	2,609,720	
8. Non-Physician	1,768,793	39,149						17,949	1,711,695	
9. Total	4,463,060	70,942	0	0	0	0	0	70,703	4,321,415	
10. Hospital Patient Days Incurred	337,822	20,116						14,199	303,507	
11. Number of Inpatient Admissions	66,372	1,713						1,904	62,755	
12. Health Premiums Written (b)	2,337,296,897	91,345,596						46,965,128	2, 198, 986, 173	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,337,296,897	91,345,596						46,965,128	2,198,986,173	
16. Property/Casualty Premiums Earned	0								·	
17. Amount Paid for Provision of Health Care Services	1,851,619,505	92,960,683						39,792,606	1,718,866,216	
18. Amount Incurred for Provision of Health Care Services	1,991,437,358	88,888,348						42,635,376	1,859,913,634	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......46,965,128



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Louisiana			DURING THE YEAR	2014	T	T	NA.	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct										ļ
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE C	OF Maryland			DURING THE YEAR	2014		T	NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE	STATE OF Massachusetts			DURING THE YEAR	2014	T	T	NA NA	IC Company Code	64467
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	s 0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. __

IAIO Carria Carta CAACO BUICINECO IN THE CTATE OF	· NAinnanata				0.0044			(LOCATION)		04407
IAIC Group Code 01199 BUSINESS IN THE STATE OF	winnesota	Compre	hensive	DURING THE YEAR	C 2014			NA I	IC Company Code	64467
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,490									4,49
2 First Quarter	10,524									10,52
3 Second Quarter	11,482									11,48
4. Third Quarter	12,187									12 , 18
5. Current Year	12,447									12,44
6 Current Year Member Months	137,229									137,22
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10,089,356									10,089,35
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	10,089,356									10,089,35
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,750,142									9 , 750 , 14
18. Amount Incurred for Provision of Health Care Services	8,753,478									8,753,47

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......10,089,356



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF Mi	ississippi			DURING THE YEAR	2014	1	T.	NA NA	AIC Company Code	64467
	1	Comprehensive				7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						<u> </u>			ļ
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF Mi	issouri			DURING THE YEAR	2014	ľ	T	NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0
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(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. __

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Montana	0	hanai .a	DURING THE YEAR	2014		1	NA	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,852									1,8
2 First Quarter										3,78
3 Second Quarter	4,070									4,07
4. Third Quarter	4,293									4,29
5. Current Year	4,381									4,38
6 Current Year Member Months	48,835									48,83
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,332,288									3,332,28
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,332,288									3,332,28
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,223,509									
18. Amount Incurred for Provision of Health Care Services	2,894,001									2,894,00

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......3,332,288



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Nebraska			DURING THE YEAR	2014	1	T.	NA NA	IC Company Code	64467
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter										
3 Second Quarter										
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written				ļ						
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

				DURING THE YEAR				(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Nevada	1		NAIC Company Code		64467				
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0							-		
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 01199 BUSINESS IN THE STATE	OE Now Jorsov			DURING THE YEAR	2014			(LOCATION)	IC Company Code	64467
NAIC Group Code 01199 BUSINESS IN THE STATE	OF New Jersey	Compre		DURING THE YEAR		6	7			
	1	(Hospital a	3 Medical)	4 	5	6	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. REPORT FOR: 1. CORPORATION

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF	New Mexico			DURING THE YEAR	2014	1	T	NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter										
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										
13. Life Premiums Direct									ļ	ļ
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF N	lorth Dakota			DURING THE YEAR	2014	T.	T	NA	IC Company Code	64467
	1 _	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									ļ
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician	0									ļ
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ			ļ		ļ	ļ
14. Property/Casualty Premiums Written	ļ0 ļ.			ļ					ļ	
15. Health Premiums Earned	ļ0 ļ.									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	ļ0 ļ.									
18. Amount Incurred for Provision of Health Care Services	0									<u> </u>

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. REPORT FOR: 1. CORPORATION

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF Ohio	0			DURING THE YEAR	2014	T	1	NA NA	IC Company Code	64467
	1		& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF C	Oklahoma			DURING THE YEAR	2014	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF C	Dregon			DURING THE YEAR	2014	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	ļ0 l.									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Pennsylvania			DURING THE YEAR	2014	T	T	NA.	AIC Company Code	64467
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter										
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct				ļ						ļ
14. Property/Casualty Premiums Written										ļ
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc.

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF	Rhode Island			DURING THE YEAR	2014			N/	64467	
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,758									5,75
2 First Quarter	6,702									6,70
3 Second Quarter	6,869									6,86
4. Third Quarter	7,032									7,03
5. Current Year	7,728									7,72
6 Current Year Member Months	84,367									84,36
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6 , 158 , 532									6, 158, 53
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0					ļ				
15. Health Premiums Earned	6 , 158 , 532									6,158,53
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,863,417									5 , 863 , 41
18. Amount Incurred for Provision of Health Care Services	5,264,056									5,264,05

(a) For health business: number of persons insured under PPO managed care products 0______and number of persons insured under indemnity only products 0_____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

								(LOCATION)	AIC Company Code	
AIC Group Code 01199 BUSINESS IN THE STATE OF S	South Carolina	DURING THE YEAR 2014				T	T	NA.	64467	
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	. 0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

				DURING THE YEAR				(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF Sc	outh Dakota			NA NA	AIC Company Code	64467				
	1	Comprehensive (Hospital & Medical) 4 5 6				7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						<u> </u>			
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF T	Tennessee			DURING THE YEAR	2014	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									ļ
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician	0									ļ
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ				ļ	ļ	ļ
14. Property/Casualty Premiums Written	ļ0 ļ.							ļ	ļ	
15. Health Premiums Earned	ļ0 ļ.									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	<u> </u> 0									
18. Amount Incurred for Provision of Health Care Services	0									<u> </u>

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		64467	
NAIC Group Code 01199 BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2014							NAIC Company Code		
	1	Comprehensive (Hospital & Medical) 4 5 6			6	7	8	9	10		
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2 First Quarter	0										
3 Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6 Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products $^{ m 0}$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. REPORT FOR: 1. CORPORATION

								(LOCATION)	IC Company Code	
NAIC Group Code 01199 BUSINESS IN THE STATE OF \	/irginia			DURING THE YEAR	2014	T		NA NA	64467	
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									ļ
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician	0									ļ
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ				ļ	ļ	ļ
14. Property/Casualty Premiums Written	0							ļ		
15. Health Premiums Earned	ļ0 ļ.									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)	AIC Company Code	
IAIC Group Code 01199 BUSINESS IN THE STATE OF Wa	ashington									64467
	1	Comprehensive (Hospital & Medical) 4 5 6				7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE S	STATE OF West Virginia	0	h	DURING THE YEAR	2014	T	T	NA	AIC Company Code	64467
	1 1	(Flospital & Medical)				6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									-
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician										
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF V	Visconsin			DURING THE YEAR	2014	1		NA NA	IC Company Code	64467
	1 _	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF W	yoming			DURING THE YEAR	2014	T	T	NA NA	AIC Company Code	64467
	1	(Freebital a Medical)			5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

IAIC Group Code 01199 BUSINESS IN THE STATE C	OF Consolidated			DURING THE YEAR 2	014			(LOCATION) NA	IC Company Code	64467
	1	Comprei (Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	358,547	31,753	0	0	0	0	0	2,751	260,354	63,68
2 First Quarter	468,998	30,701	0	0	0	0	0	3,733	341,411	93 , 15
3 Second Quarter	493,924	21,458	0	0	0	0	0	4,319	370,255	97 ,89
4. Third Quarter	515,299	12,405	0	0	0	0	0	4,725	395,800	102,36
5. Current Year	530,406	7,335	0	0	0	0	0	5,209	412,832	105,03
6 Current Year Member Months	5,911,513	241,097	0	0	0	0	0	52,181	4,438,107	1,180,12
Total Member Ambulatory Encounters for Year:										
7. Physician	2,694,267	31,793	0	0	0	0	0	52,754	2,609,720	
8. Non-Physician	1,768,793	39,149	0	0	0	0	0	17,949	1,711,695	
9. Total	4,463,060	70,942	0	0	0	0	0	70,703	4,321,415	
10. Hospital Patient Days Incurred	337,822	20,116	0	0	0	0	0	14,199	303,507	
11. Number of Inpatient Admissions	66,372	1,713	0	0	0	0	0	1,904	62,755	
12. Health Premiums Written (b)	2,420,678,058	91,345,596	0	0	0	0	0	46,965,128	2,198,986,173	83,381,16
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	2,420,678,058	91,345,596	0	0	0	0	0	46,965,128	2,198,986,173	83,381,16
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,931,442,075	92,960,683	0	0	0	0	0	39,792,606	1,718,866,216	79,822,57
18. Amount Incurred for Provision of Health Care Services	2,063,100,433	88,888,348	0	0	0	0	0	42,635,376	1,859,913,634	71,663,07

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......130,346,289

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC					Type of			Reserve Liability Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance		Unearned	Unearned	Pavable on Paid	Coinsurance	Funds Withheld
Company Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Under Coinsurance
Affiliates -	U.S. Other			oundation	7100011100	1 TOTHIGHTO	Tromanio	Tromidino	and Onpaid Ecocoo	11000110	Citaci Combarance
12964	20-8058761	01/01/2009	WELLCARE OF TX INC.	TX	SSL/I/A	1,751,519					
0299999 -	Total Affiliates	- U.S. Other	WELLCARE OF TX INC.		•	1,751,519	0	0	0	0	0
0399999 -	Total Affiliates	- U.S Total				1,751,519	0	0	0	0	0
0799999 - /	Affiliates - Tot	al Affiliates				1,751,519	0	0	0	0	0
1199999 -	Total U.S. (Sum	of 0399999 and 08	99999)			1,751,519	0	0	0	0	0
											
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9999999	Totals					1,751,519	0	0	0	0	0

SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

	Re		able on Paid and Unpaid Losses Listed by Rei	nsuring Company as of December 31, Current	Year	
	2	3	4	5	6	7
1 NAIC Company	ID	Effective	Name of	Domiciliary	Paid	Unpaid
Code Accident and Hea	Number alth - Affiliates	Date - U.S Other	Company	Jurisdiction	Losses	Losses
12964	20-8058761	01/01/2009	WELLCARE OF TX INC.	TX	446,300	
1399999 - Acc	ident and Health	- Affiliates - U.S. - Affiliates - U.S.	- Other		446,300 446,300	0
1899999 - ACC	ident and Health	- Affiliates - Tota	- Iotal Affiliates		446,300	0
Accident and Hea	alth – Non-Affili	ates - U.S. Non-Aff	iliates			
39845	48-0921045	01/01/2013 - Non-Affiliates - U	WESTPORT INS CORP.	KS	1,709,734 1,709,734	0
			Total Non-Affiliates		1,709,734	0
2299999 - Acc	ident and Health	- Total Accident and	d Health		2,156,034	0
2399999 - Tota	al U.S. (Sum of 0	399999, 0899999, 149	99999 and 1999999)	T	2,156,034	0
	ļ					
	<u> </u>					
	<u> </u>					
	<u> </u>	<u> </u>				
9999999 To	otals—Life, Annu	ity and Accident ar	nd Health (Sum of 1199999 and 2299999)		2,156,034	0

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SCHEDULE S - PART 3 - SECTION 2

Dainauranaa Cada	Accident and Health Insurance Listed by I	Dainauring Campany on of Dag	ombor 24 Current Voor

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
					6	7							
1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	1 Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es - U.S. Non-Affiliates	dariodiotion	Occor	00000	Tromiumo	(Loumatou)	[encamed Fremanie]	ourront rour	1 Hor rour	11000110	Onder Comoditation
39845	48-0921045		WESTPORT INS CORP.	KS.	SSL/I/A_	MC	1,826,541		T T				1
39845	48-0921045	01/01/2013	WESTPORT INS CORP	KS	SSL/1/A	MR.	29,710						
39845	48-0921045	01/01/2013	WESTPORT INS CORP WESTPORT INS CORP	KS	SSL/1/A	SCHIP	1.209.974						
	General Account	- Authorized - N	on-Affiliates - U.S. Non-Affiliates				3,066,225	Λ	0	Λ	0	Λ	Λ
			on-Affiliates - Total Authorized Non-Affiliates			3,066,225	0	0	0	0	0	0	
			otal General Account Authorized				3,066,225	0	0	0	0		0
			Account Authorized, Unauthorized and Certified				3,066,225	0	0	0	0		0
6000000	Total II C /Cum	of 0200000 0000	999, 1499999, 1999999, 2599999, 3099999, 3799999	4200000 4900000	5200000 5000000 and	6400000)	3,066,225	0		0	0		0
0999999 -	TOTAL O.S. (SUIII	01 0399999, 0099	999, 1499999, 1999999, 2099999, 3099999, 3799999, 	, 4299999, 4099999,	0099999, 0999999 and	0499999)	3,000,223	U	0	U	U	U	U
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9999999	าบเสเร						3,066,225	0	0	0	0	1 0	0

Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1	Omitted) 2	3	4	5
	2014	2 2013	2012	2011	2010
A. OPERATIONS ITEMS					
1. Premiums	1,210	831	5,589	52	0
Title XVIII-Medicare	30	11	0	0	0
3. Title XIX-Medicaid	1,827	1,032	36,978	53	0
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	2,156	2,199	8 , 580	0	0
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.			0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	0	XXX	XXX
19. Letters of credit (L)	0	0	0	XXX	XXX
20. Trust agreements (T)	0	0	0	XXX	XXX
21. Other (O)	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	386 , 122 , 419		386 , 122 , 419
2.	Accident and health premiums due and unpaid (Line 15)	57,578,320		57,578,320
3.	Amounts recoverable from reinsurers (Line 16.1)	2,156,034		2,156,034
4.	Net credit for ceded reinsurance	xxx	2,156,034	2,156,034
5.	All other admitted assets (Balance)	76,766,470		76,766,470
6.	Total assets (Line 28)	522,623,243	2,156,034	524,779,277
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	287 , 236 , 907	0	287 , 236 , 907
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	23,677,149		23,677,149
15.	Total liabilities (Line 24)	310,914,056	0	310,914,056
16.	Total capital and surplus (Line 33)	211,709,187	XXX	211,709,187
17.	Total liabilities, capital and surplus (Line 34)	522,623,243	0	522,623,243
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	2,156,034		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,156,034		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	2,156,034		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

		Alloca	Direct Business Only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals		
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	co								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia									
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho									
14. Illinois	IL								
15. Indiana	JN								
16. lowa	1		 		†				
17. Kansas	KS		·		1		-		
			-			l			
18. Kentucky									
19. Louisiana	LA								
20. Maine	ME		·		+	·	·		
21. Maryland			-			<u> </u>	·		
22. Massachusetts									
23. Michigan									
24. Minnesota	I		ļ <u>-</u>						
• •	MS								
26. Missouri	1		<i> </i>	L			.		
27. Montana	1			 					
28. Nebraska	NE			L ,					
29. Nevada	NV	U U							
30. New Hampshire	NH		.				<u> </u>		
31. New Jersey	NJ		<u> </u>				<u> </u>		
32. New Mexico	MM								
33. New York	NY								
34. North Carolina	I								
35. North Dakota	ND								
36. Ohio	I						L		
37. Oklahoma									
38. Oregon	OR								
39. Pennsylvania									
40. Rhode Island	RI								
41. South Carolina					-				
42. South Dakota	SD		†		1				
	TN								
	[7]								
	TX		-						
45. Utah	UI								
46. Vermont	VI		-		+		-		
47. Virginia									
48. Washington									
49. West Virginia							1		
50. Wisconsin	1								
51. Wyoming			1						
52. American Samoa									
53. Guam									
54. Puerto Rico	PR		.						
55. US Virgin Islands							<u> </u>		
56. Northern Mariana Islands									
57. Canada									
58. Aggregate Other Alien									
59. Totals		0		0					

4

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	1 4	5	6	7	8	9	10	11	12	13	14	15
	_	· ·			· ·	Name of					Type of Control			
						Securities Exchange if					(Ownership, Board.	If Control is	Ultimate	
		NAIC				Publicly	Names of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
01199	WellCare Health Plans Inc.	95310	14 - 1647239				WellCare of Connecticut Inc.	CT	IA	 WellCare of New York, Inc	Ownership	100 0	WellCare Health Plans, Inc	0
01100	merroare nearth rans me	33310	. 14-104/200				The roard of connecticut me		I/\	The WellCare Management	Owner3111p	100.0	WellCare Health	
01199	WellCare Health Plans Inc	95081	59-2583622				WellCare of Florida Inc	FL	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
			50 05 470 40				Comprehensive Health Management			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	59-3547616				Inc The WellCare Management Group,	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc WellCare Health	0
01199	WellCare Health Plans Inc.	00000	14 - 1647239				Inc	NY	UDP	WCG Health Management, Inc	Ownership	100 0	Plans. Inc.	0
01100										The WellCare Management	· ·		WellCare Health	
01199	WellCare Health Plans Inc	95534	14-1676443				WellCare of New York Inc	NY	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
01199	WellCare Health Plans Inc	00000	20-3320236				 Harmony Behavorial Health Inc	FL	NIA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	0
01199	Wellcare Hearth Frans IIIc	00000					Harmony Health Plan of Illinois		N I M	Group, Tric	Ownersinp	100.0	WellCare Health	
01199	WellCare Health Plans Inc	11229	36-4050495				Inc.	IL	IA	Harmony Health Systems, Inc	Ownership	100.0	Plans, Inc	0
0.4400		10101					L.,			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	12194	90-0247713				WellCare of Louisiana Inc	LA	IA	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	0
01199	WellCare Health Plans Inc.	00000	22-3391045				Harmony Health Systems Inc	l II	NIA	Group, Inc.	Ownership	100 0	Plans. Inc.	0
01100	lior roar o rioar (ii r railo riio									010ap, 1110.	0 1110 1 0111 p		WellCare Health	
01199	WellCare Health Plans Inc	00000	36-4467676				Harmony Health Management Inc	IL	NIA	Harmony Health Systems, Inc	Ownership		Plans, Inc	0
01199	WellCare Health Plans Inc	00000	47 - 0937650			NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders		0.0	WellCare Health	0
01199	WellCare Health Plans Inc.	00000	04-3669698				WCG Health Management Inc	FI	UIP	 WellCare Health Plans, Inc	Ownership	100 0	Plans. Inc.	0
01100	Werroure floarth Frans The	00000					_			The WellCare Management	i i		WellCare Health	
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
04400	WellCare Health Plans Inc	00000	98-0448921				Companies Deignagen 14d	CYM	IA	The WellCare Management	O	400.0	WellCare Health	0
01199	wellcare Health Plans Inc	00000	.1 98 - 044892 1				Comprehensive Reinsurance Ltd WellCare Prescription Insurance	UYIWI	IA	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	0
01199	WellCare Health Plans Inc	10155	20-2383134				Inc	FL	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
İ	l									The WellCare Management	i i		WellCare Health	<u> </u>
01199	WellCare Health Plans Inc	12749	20-3562146				WellCare of Ohio Inc Harmony Behavorial Health IPA	0H	IA	Group, IncHarmony Behavorial Health,	Ownership	100.0	Plans, Inc WellCare Health	0
01199	WellCare Health Plans Inc.	00000	20-3262322				Inc.	NY	NIA	Inc.	Ownership	100 0	Plans. Inc.	0
01100	Werroure floarth Frans The.						WellCare Pharmacy Benefits			The WellCare Management	· ·		WellCare Health	
01199	WellCare Health Plans Inc	00000	20-4869374				Management In	DE	NIA	Group. Inc.	Ownership	100.0	Plans, Inc	0
01100	WallCare Health Blazz Lzz	83445	86-0269558				WellCare Health Insurance of	AZ	1.4	The WellCare Management	Ownershi-	400.0	WellCare Health	
01199	WellCare Health Plans Inc	83445	. 80-0209008				Arizona Inc WellCare Health Insurance	AZ	IA	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	0
01199	WellCare Health Plans Inc.	64467	36-6069295				Company of Kentucky Inc	KY	I A	Group. Inc.	Ownership	100.0	Plans, Inc.	0
							WellCare HeatIh Insurance of			The WellCare Management	·		WellCare Health	
01199	WellCare Health Plans Inc	12956	11-3197523				New York Inc	NY	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
01199	WellCare Health Plans Inc.	13020	20-8017319				WellCare Health Plans of New Jersey Inc	NJ	IA	The WellCare Management Group. Inc.	Ownership	100.0	WellCare Health Plans, Inc	ا ۱
01100	HOTTOGTO HOGITHT TAILS THE	10020					100,009 1110		I/\	The WellCare Management	ο πιτοι στιτρ		WellCare Health	
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	ТХ	IA	Group, Inc.	Ownership		Plans, Inc	0
01100	WallCare Health Blazz Lzz	00000	20 0420542				Exactus Pharmacy Solutions,	חר	NII A	WellCare Pharmacy Benefits	Ownershi-	400.0	WellCare Health	
01199	WellCare Health Plans Inc	00000	20-8420512				Inc.	DE	NIA	Management	Ownership	1	Plans, Inc	U

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	_			Ü	Ü	Name of		Ü			Type of Control			10
						Securities					(Ownership,			
						Exchange if					Board,	If Control is	Ultimate	
		NAIC				Publicly	Names of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
										The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	27 - 0386122				Ohana Health Plans, Inc	HI	IA	Group, Inc	Ownership	100.0	Plans, Inc	0
							WellCare Health Plans of			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	27 - 4293249				California, Inc	CA	IA	Group, Inc.	Ownership	100.0	Plans, Inc	. 0
										The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	14404	45-3617189				WellCare of Kansas, Inc	KS	I A	Group, Inc	Ownership	100.0	Plans, Inc	. 0
							WellCare Health Plans of			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	45-5154364				Tennessee, Inc.	TN	IA	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc	. 0
			45 0000700				America's 1st Choice California		l	The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	45-3236788				Holdings, LLC	FL	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	0
										America's 1st Choice			WellCare Health	
01199	WellCare Health Plans Inc	00000	20-5327501				Easy Choice Health Plan, Inc	CA	I A	California Holdings, LLC	Ownership	100.0	Plans, Inc	. 0
		l _					WellCare of South Carolina,			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	11775	32-0062883				Inc	SC	IA	Group, Inc.	Ownership	100.0	Plans, Inc	. 0
										The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	46-2078909				WellCare of Nevada, Inc	NV	IA	Group, Inc.	Ownership	100.0	Plans, Inc	
0.4400	W 110 11 111 B1	10010	5000004					***		The WellCare Management		400.0	WellCare Health	
01199	WellCare Health Plans Inc	12913	20-5862801				Missouri Care, Incorporated	MO	IA	Group, Inc.	Ownership	100.0	Plans, Inc	
0.4400			07. 40.4005.4				The WellCare Community					400.0	WellCare Health	
01199	WellCare Health Plans Inc	00000	27 - 4212954				Foundation	DE	NIA	WellCare Health Plans, Inc	Ownership	100.0	Plans, Inc	. 0
0.4400	W 110 11 111 B1		00 4000045							The WellCare Management		400.0	WellCare Health	
01199	WellCare Health Plans Inc	00000	62 - 1832645				Windsor Health Group, Inc	TN	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	. 0
04400	W 110 11 111 B1	00000	00 4500440				Windsor Management Services,	TN	A11.4	W. 1 11 141 0		400.0	WellCare Health	
01199	WellCare Health Plans Inc	00000	62-1530448				Inc	TN	NIA	Windsor Health Group, Inc	Ownership	100.0	Plans, Inc.	. 0
04400	WallOans Haalth Dlans las	05700	00 4504004				Window Health Diana Inc	TN	1.4	Window Health Orange Lan	O	400.0	WellCare Health	
01199	WellCare Health Plans Inc	95792	62-1531881				Windsor Health Plans, Inc	IN	IA	Windsor Health Group, Inc	Ownership	100.0	Plans, Inc.	0
04400	WallCare Haalth Dlaga I.:	77200	10 1007000				Otanlina Life Incomes Occurrent	Ш	1.4	Windon Hoolth Coord	O	100 0	WellCare Health	
01199	WellCare Health Plans Inc	77399	13-1867829				Sterling Life Insurance Company	IL	IA	Windsor Health Group, Inc	Ownership	100.0	Plans, Inc	.[0
01199	WallCare Health Dlane In-	00000	91-1500758				Olympic Health Management	WA	NII A	Sterling Life Insurance	Ownership	100 0	WellCare Health Plans. Inc.	_
01199	WellCare Health Plans Inc	00000	91-1500/58				Systems, Inc	WA	NIA	CompanySterling Life Insurance	.Ownership	100.0		0
01100	WallCare Health Dlane In-	00000	01 1500220				Olympic Health Management	WA	NII A		Ownership	100 0	WellCare Health	_
01199	WellCare Health Plans Inc	00000	91-1599329				Services, Inc.	WA	NIA	Company Management	.Ownership	100.0	Plans, Inc.	.[0
01100	WallCare Health Dlane In-	15510	47-0971481				WellCare Health Plans of	I/V	1.4	The WellCare Management	Ownership	100 0	WellCare Health	_
01199	WellCare Health Plans Inc	15510	41 -091 1481				Kentucky, Inc.	KY	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0

Actorials	Evalenction
Asterisk	EXPIANALION

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company	ID		Shareholder	Capital	Loans or Other	Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95081	59-2583622	WellCare of Florida Inc.	(35,000,000)				(267, 253, 886)	(97,466)		ļ	(302,351,352)	307,055
95334	14-1676443	WellCare of New York Inc					(107,971,457)	4,353,829		ļ	(103,617,628)	2,648,100
95310	06 - 1405640	WellCare of Connecticut Inc					(2,358,270)	(8,792,950)	ļ	ļ	(11,151,220)	430,438
11229	36-4050495	Harmony Health Plans of Illinois Inc.			ļ		(38,792,319)	(12,538,351)	ļ	ļ	(51,330,670)	(312,919)
12194	90-0247713	WellCare of Louisiana Inc					(10,587,305)	(4,331,126)	ļ		(14,918,431)	86 , 197
10760	20-2103320	WellCare of Georgia Inc	ļ		ļ		(187,369,931)		ļ	ļ	(187,369,931)	
10155	20-2383134	WellCare Prescription Insurance Inc.	ļ		ļ		(87,973,110)		ļ	ļ	(87,973,110)	
12749	20-3562146	WellCare of Ohio Inc	(14,000,000)		ļ		(5,546,689)	(1,868,225)	ļ	ļ	(21,414,914)	747 , 085
		Comprehensive Health Management Inc.					1, 138, 456, 303		ļ	<u> </u>	1, 138, 456, 303	
00000	98-0448921	Comprehensive Reinsurance Ltd.			<u> </u>			56, 578, 734	 	<u> </u>	56.578.734	(4,855,297)
83445	86-0269558	WellCare Health Insurance of Arizona Inc	(9,000,000)				(36, 985, 034)	(4, 182, 238)	ļ		(50 , 167 , 272)	597,447
64467	36-6069295	WellCare Health Ins Co of Kentucky Inc	[(172,896,845)	1,751,519	<u> </u>		(171,145,326)	348 . 189
10884	11-3197523	WellCare Health Ins of New York Inc							L		0′	· · · · · · · · · · · · · · · · · · ·
00000	20-8420512	Exactus Pharmacy Solutions Inc.					(22,048,169)				(22,048,169)	
12964	20-8058761	WellCare of Texas Inc.		10,000,000			(32,928,288)	(29,522,837)			(52,451,125)	(19,743)
13020	20-8017319	WellCare Health Plans of New Jersey Inc		40,965,400			(19,689,968)	(1,350,889)			19,924,543	23,448
00000	14-1647239	The WellCare Management Group Inc.	68.000.000	(88,979,652)			(, , ,	(, , , , , , , , , , , , , , , , , , ,			(20, 979, 652)	
00000	20-5327501	Fasy Choice Health Plan Inc		34,500,000			(48,633,826)				(14, 133, 826)	
11775	32-0062883	WellCare of South Carolina, Inc.					(16,924,909)				(16,924,909)	
12913	20-5862801	Missouri Care. Incorporated					(22,018,007)				(22,018,007)	
00000	62-1530448	Windsor Management Services, Inc.					(5,359,483)			1	(5,359,483)	
00000	02 1000110	Olympic Health Management Systems, Inc.					(320,528)			†····	(320,528)	
95792	62-1531881	Windsor Health Plans, Inc.					(26,664,722)			1	(26,664,722)	
77399	13-1867829	Sterling Life Insurance Company	(10,000,000)				(26, 133, 557)			†	(36,133,557)	
15510	47-0971481	WellCare Health Plans of Kentucky, Inc.	(10,000,000)	3,514,252			(20, 100,001)			†	3,514,252	
14404	45-3617189	WellCare of Kansas. Inc.								†		
00000		WellCare Health Plans. Inc.								†·····		
00000	47 -0937030	WEITCAIE NEATHI FIANS, INC.								<u> </u>		
										†		
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0000000	Control Tatala			^				^	VVV		_	^
9999999	Control Totals		0	0	1 0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interre	ogatory questions.	
	MARCH FILING	Responses
1.		YESYES
2. 3.		YES
4.		YES
	APRIL FILING	20
5.		YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which	ollowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar codupplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ions.	e will be printed below. If
	MARCH FILING	
11.	,	N0
12.	••	NO
13.		NO
14.	· · · · · · · · · · · · · · · · · · ·	SEE EXPLANATION
15.	be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
18.		SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
20.		SEE EXPLANATION
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	N0
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.		YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Funla		
	unation:	
11. B	usiness not written.	
12. B	usiness not written.	
13. B	usiness not written.	
14. N	ot required.	
15. B	usiness not written.	
16. B	usiness not written.	
18. N	o waiver required.	
19. N	o waiver required.	
20. N	o waiver required.	

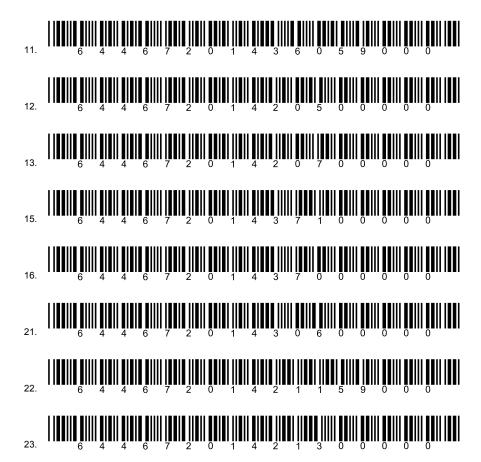
21. Business not written.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23. Business not written.

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - As	ssets
--------------	-------

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Deposits with providers	43,576	43,576	0	
2597. Summary of remaining write-ins for Line 25 from Page 2	43,576	43,576	0	0



SUPPLEMENT FOR THE YEAR 2014 OF THE WellCare Health Insurance Company of Kentucky, Inc. MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 01199 NAIC Company Code 64467

	Individual Co		Group Co		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage	119,862,453	XXX		XXX	119,862,453
1.13 Risk-Corridor Payment Adjustments	9,529,023	XXX		ХХХ	9 , 529 , 023
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		ХХХ	XXX
2.12 Without Reinsurance Coverage	(43,340,502)	XXX		ХХХ	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		ХХХ	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		ХХХ	XXX
Risk-Corridor Payment Adjustments-change					
4.1Receivable	(2,669,812)	XXX		XXX	XXX
4.2Payable					
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		ххх	XXX
5.12 Without Reinsurance Coverage					
5.13 Risk-Corridor Payment Adjustments					
5.2 Supplemental Benefits		XXX		ХХХ	XXX
6. Total Premiums	83,381,162	XXX	0	XXX	129,391,476
7. Claims Paid	, ,				
7.1Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	0
7.12 Without Reinsurance Coverage.	i i		1		
7.2 Supplemental Benefits			1		
Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage					
8.2 Supplemental Benefits					XXX
Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage			T	XXX	XXX
		XXX		ХХХ	XXX
10 Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage		XXX	T I	XXX	XXX
10.2 Supplemental Benefits	71,000,074	XXX	0	XXX	XXX
11. Total Claims	71,663,074	XXX	0	XXX	79,822,568
12. Reinsurance Coverage and Low Income Cost Sharing	71,000,074	۸۸۸	"	۸۸۸	70,022,000
	YYY		YYY		(
12.1 Claims Paid – Net To Reimbursements Applied	i i		1 1	i	
					XXX
12.3 Reimbursements Receivable-change					
12.4 Health Care Receivables-change.			1		XXX
13. Aggregate Policy Reserves-change		VVV	1 1	i	XXX
14. Expenses Paid		XXX		i	9,369,825
15. Expenses Incurred.			1		XXX
16. Underwriting Gain/Loss.	2,348,263	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	40,199,083

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ANNUAL STATEMENT BLANK

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